

JOINT COMMISSION ON ACCREDITATION OF HOSPITALS
HOSPITAL ACCREDITATION PROGRAM

C

LABORDE

HOSPITAL IDENTIFICATION

SOUTH CAROLINA STATE HOSPITAL
P. O. BOX 119
COLUMBIA, SOUTH CAROLINA

STATEMENT OF CONSTRUCTION AND FIRE PROTECTION

INSTRUCTIONS

The contents of this document should be verified by a registered professional engineer, an official of a fire insurance rating organization, a state fire prevention inspector, a registered architect, or a member of the Society of Fire Protection Engineers.

The types of building construction referred to in this statement are based upon definitions found in the National Fire Protection Association Publication No. 220, Standard Types of Building Construction. For clarification of other terms, refer to NFPA **Life Safety Code**, No. 101, 1967. Particular attention should be paid to Sections 10-132 (Minimum Construction Standards) and 10-134 (Extinguishing and Alarm Systems).

Complete a separate statement for each building, or major addition having substantially different structural characteristics, **which contains rooms used for housing patients overnight**. If necessary, make duplicates of this form.

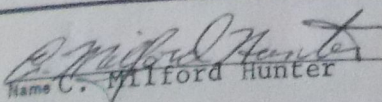
At times, it may be difficult to select an answer to a question because alternatives given do not exactly parallel the situation that exists in your institution. In such instances, select the answer that most closely corresponds to your situation. Unless otherwise indicated, there is only one answer to each question.

Subsequent surveys will not require another Statement of Construction unless there have been substantial changes in, or additions to, the physical plant, or unless previous survey recommendations specified the need for substantial changes or additions, or unless significant changes are made in JCAH Standards for existing hospital construction.

STATEMENT COMPLETED BY

Name	Title	Date C.O.
Charles B. Dowling	Chief Engineer	1/22/71

STATEMENT VERIFIED BY

 Name C. Milford Hunter	Chief, Engineering & Planning Title	1/22/71 Date
South Carolina Department of Mental Health Organization	2462 State License Number (Where applicable)	

STATEMENT OF CONSTRUCTION AND FIRE PROTECTION

PRINCIPLE

A clean, safe environment shall be provided and maintained within the hospital.

1. PRINT name of building LaBorde Building
2. The building is used for: 2. 4
 (Select appropriate number from list.) C.1.2
 1. General short-term care
 2. Long-term care (other than psychiatric)
 3. Combination of 1 and 2
 4. Psychiatric care primarily
 5. Other (specify) _____
3. The year the building was constructed 3. 1929
C.1.3
4. Number of stories above ground (include ground level)* 4. 01
C.1.4
5. Number of levels below ground 5. 1
C.1.5
6. Type of construction used in the building.
 (Mark the box [x] of each applicable term.)

NFPA CODE	UNIFORM BLDG. CODE	C.1.6(8)
a. Fire-resistive	Type I	a. <input type="checkbox"/>
b. 1-hour protected non-combustible	Type II	b. <input checked="" type="checkbox"/>
c. Heavy timber	Type III	c. <input type="checkbox"/>
d. 1-hour protected ordinary	Type III, 1-hour	d. <input type="checkbox"/>
e. Non-combustible	Type IV	e. <input type="checkbox"/>
f. 1-hour protected wood frame	Type V, 1-hour	f. <input type="checkbox"/>
g. Ordinary	Type III, Non-rated	g. <input type="checkbox"/>
h. Wood frame	Type V, Non-rated	h. <input type="checkbox"/>
7. If two stories or more in height, are the principle supporting columns, beams, girders and trusses of 3-hour fire-resistive construction? 7.
C.1.7
 1. Yes
 2. Some are not
 3. No
8. If two stories or more in height, are floor assemblies of at least 2-hour fire-resistive construction? 8.
C.1.8
 1. Yes
 2. Some are not
 3. No
9. Is there an approved automatic fire extinguishing system **throughout** that part of the building housing patients overnight except where contraindicated (e.g. operating rooms, etc.)? 9. 1
C.1.9
 1. Yes
 2. No, only in selected areas
 3. No

*In the case of a split-level building, show number of stories above ground in tallest portion of building.

STATEMENT OF CONSTRUCTION AND FIRE PROTECTION

10. Does the building share a 2-hour fire-resistive common wall with another building or addition?
1. Yes, and the connecting doors are self-closing Class B fire doors.
 2. Yes, but connecting doors are not self-closing Class B fire doors.
 3. Yes, this building shares a wall but neither of these elements of fire protection exists.
 4. No, the building does not share a common wall.

10. 4
C.1.10

11. Please give the following information for this building if used for the purpose of housing patients overnight. Print the number from the list of protection characteristics which best indicates the type of fire protection in the area or place described below. If the building contains more than one example of an area which is named below, give the construction information for that example which has the lowest degree of fire protection.

FIRE PROTECTION CHARACTERISTICS

1. Area enclosed (walls, ceiling, floors, doors) by 2-hour fire-resistive materials **and** protected by an approved automatic fire extinguishing system.
2. Area enclosed by 1-hour fire-resistive materials **and** protected by an approved automatic fire extinguishing system.
3. Area enclosed by materials having **less than** 1-hour fire-resistive properties but protected by an approved automatic fire extinguishing system.
4. Area enclosed by 2-hour fire-resistive materials only.
5. Area enclosed by 1-hour fire-resistive materials only.
6. Area enclosed by materials having **less than** 1-hour fire-resistive properties only.
7. Area does not exist in this building.

C.1.11(14)

AREAS

RESPONSE

- | | |
|---|-------------|
| a. Boiler and heater rooms | a. <u>7</u> |
| b. Main kitchen | b. <u>7</u> |
| c. Repair and maintenance shop(s) | c. <u>7</u> |
| d. Laboratory(s) | d. <u>7</u> |
| e. Locker room(s) | e. <u>3</u> |
| f. Oxygen storage area | f. <u>7</u> |
| g. Flammable gas storage area | g. <u>7</u> |
| h. Flammable liquid storage area | h. <u>7</u> |
| i. Laundry | i. <u>7</u> |
| j. Soiled linen collection rooms | j. <u>7</u> |
| k. Laundry chutes | k. <u>7</u> |
| l. Trash collection rooms | l. <u>7</u> |
| m. Trash chutes | m. <u>7</u> |
| n. Bulk storage area(s) | n. <u>7</u> |

12. On each floor on which patients are housed overnight, is the corridor length between smokestop partitions or horizontal exits less than 150 feet?

12. 1
C.1.12

1. Yes
2. No

